

**REQUEST FORM  
CELL PHONE AND/OR MOBILE DEVICE SERVICE**

**Employee Name (Print):** \_\_\_\_\_ **Department Phone number**\_\_\_\_\_

**SECTION I**

Personal Cell Phone/County Issued Cell Phone/Mobile Device, County email added

I acknowledge that I will comply with the following:

- Password Protected.
- Device Auto Locks.
- I.T's ability access my Phone.
- I will notify I.T in the event that my Phone is Stolen or lost.
- I.T's ability access to wipe my Phone without prior notice.
- It is my responsibility to have a backup of my phone contents

**SECTION II**

County Issued Cell Phone/Mobile device

Justification of the Need for Cell Phone/ Mobile Device for county Devices only: (select all that apply)

- Spends an extended amount of time away from his/her workstation.
- Need to be reached immediately.
- Is on call outside of normal hours.
- Makes frequent and prolonged travel and needs access to email and/or other County systems

Type of access requested;

- Voice
- Data
- Hot Spot, Justification: \_\_\_\_\_

Date of Activation: \_\_\_\_\_

**SECTION III**

**Employee Signature:** \_\_\_\_\_

(Signature indicates employee has read and understands the Mobile Device Policy and agrees to the above.)

Department Head or Elected Official: \_\_\_\_\_ Date: \_\_\_\_\_

I.T. Technician: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* For a "Cancellation of Service" form, please contact the Auditor's Office\*\***

---

**How to fill out this Form**

1. Must be requested from a Director or an Elected Official for an employee.
2. Contact Purchasing for Validation of funds, phone plan and phone type.
3. If budget amendment is needed please contact the Auditor's office.
4. Select either a "SECTION I" or "SECTION II".
5. Director or Elected Official must Sign "Section III" and interoffice Mail the request form to I.T.
6. Upon Arrival of County Phone or when I.T. Contacts Employee to have his/her email set-up, employee will then sign "Section III".
7. One copy is kept by the Department Head or Elected official and one is sent to Human Resources to file in the employee personal file.

Point of Contact for this Document is Information Technology@ 498-4065